

Investigating resilience: insights from the Ebola epidemic and beyond

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*Fourth global symposium on health systems research,
Vancouver, 14–18 November 2016*

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HYGIENE
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MEDICINE



Building resilient health systems: lessons from international, national and local emergency responses to the Ebola epidemic in Sierra Leone [HSRI funded project, 2016-2019]

Questions:

- 1) How has the international Ebola response, interacting with national and local responses, affected Sierra Leone's health system and its ability to respond to future shocks?
- 2) How can international, national and local emergency response mechanisms be utilised to build resilient health systems in Sierra Leone, and what are the lessons for other settings?

Knowledge synthesis:

- 1) 3 distinct but interrelated reviews addressing different aspects of resilience in relation to Ebola and more broadly.
- 2) Focus of this presentation: concepts of systems resilience.

Defining Resilience

Building on social ecology/environmental science and psychology resilience can be described as:

The capacity of individuals, families, communities, systems and institutions to anticipate, withstand and/or judiciously engage with catastrophic events to maintain basic systems functions and/or meet basic needs.



Resilience \neq systems
strengthening

Resilience \neq Sustainability

Aspects of Resilience

Resilience of SES is a function of vulnerability, adaptability, transformability.

- **Vulnerability:** how easy a system is forced in a different state;
- **Adaptive capacity:** the degree to which they are able to cope with that change (within predicted thresholds)
 - adaptability to predictable shocks;
 - capacity to adjust responses to changing external drivers and internal processes) and
- **Transformability:** a system designed to cope with uncertainty
 - and reach a new configuration

All act at multiple levels of decision making and action

Health Systems Operationalisation

- **'All-hazards' approach**: incorporating common disaster management practices and policies within the health systems.
 - prevention and anticipation/ each component of a health system needs resilience to threats built in to its structure



Resilience: scoping the literature

Attributes of resilience to be studied:

- Relational (relationships between actors)
- A process over time and space
- A state of dynamic change between equilibrium-crisis/adjustment-new equilibrium

Search Results:

- 237 non-duplicates
- → 65 after title/abstract review
- → 20 for full data abstraction

3 aspects of resilience:

- Vulnerability
- Adaptability
- Transformability

Vulnerability



- Vulnerable communities have vulnerable health systems.
- Formal political authority may or may not represent vulnerable populations, thus can be wrong target for intervention
- Where the health system is vulnerable, decision making power can be taken over by non-health actors
- Power dynamics in the response between actors can increase vulnerability, as shown from a number of Ebola examples:
 - **Hiring practices that required “pay to play” or a personal relationship with local leadership to get a job**
 - **Donor reluctance to fund MoH in favour of large INGOs**
 - **Banning traditional healing instead of incorporating them**

Adaptability

- Social cohesiveness and networks can support resilience:
 - **Communities “self-quarantine” to avoid transmission**
 - **Staff commitment and motivation in times of crisis despite salary/security issues**
 - **Staff networks and cohesiveness that supports mental health during extremely stressful events (e.g. burial teams)**
- Positive adaptations in health systems:
 - **Placing facilities in zones with reduced hazards**
 - **Good stock management**
 - **HR policies adaptation for task shifting and shift change**
 - **Rapid logistical and staffing response to HMIS to surge**

Transformability



- Transformation of the health system following a shock may or may not happen
 - **e.g. In Europe after the financial crisis some countries there was a move towards a more universalist model but not for all (i.e. Ireland)**
- Transformation of the medical humanitarian response architecture in positive ways post-Ebola:
 - **WHO restructure – a focus on more rapid response**
 - **National-level establishment of rapid medical response teams**
 - **A focus on accountability both up (donors) and down (beneficiaries)**
- Unclear transformations:
 - **International securitization of health**
 - **Raised expectations of populations for free health care (Ebola)**
 - **Unsustainable MoH payroll systems following the Ebola response.**
 - **Special treatment for Survivors (health care, research, social care)**

Insights from the literature - 1

New governance configurations are critical:

- Trust building through participation in decision making;
- Polycentric and multi-layered institutions allow for better adaptability;
- Accountable and empowered authorities enhance adaptive capacity esp. of vulnerable groups.
- Motivation and Commitment by involved actors with a common goal
- Community/social resilience is critical to health systems resilience

Insights from the literature - 2

Research Gaps:

- More evidence on roles and impacts of actors, power and relationships within processes of adaptation and transformation
- How social cohesiveness/networks and individual resilience supports systems resilience
- How village- and district-level integration with national response mechanisms can be achieved to bolster sustainable systems resilience to shocks.